

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

David C. Nemir et al.

Examiner:

Unknown

Serial No.:

10/789,852

Group Art Unit:

2821

Filed:

February 26, 2004

Docket:

70004-9601-CIP

Title:

CORDSET BASED APPLIANCE CONTROLLER

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with 37 C.F.R. §§ 1.97 *et. seq.*, the enclosed materials are brought to the attention of the Examiner for consideration in connection with the above-identified patent application. Applicants respectfully request that this Information Disclosure Statement be entered and the documents listed on the attached Form 1449 be considered by the Examiner and made of record.

Pursuant to 37 C.F.R. §1.97(b), it is believed that no fee or statement is required with the Information Disclosure Statement. However, if an Office Action on the merits has been mailed, the Commissioner is hereby authorized to charge the required fees to Deposit Account No. 13-4213 in order to have this Information Disclosure Statement considered.

The Examiner is invited to contact the Applicants' Representative at the below-listed telephone number if there are any questions regarding this communication.

Date December 3, 2004

By

Jeffrey D. Myers, Reg. No. 35,964

CERTIFICATE UNDER 37 CFR 1.8: The undersigned hereby certifies that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 4 day of December, 2004.

Jeffrey D. Myers, Reg. No. 35,964

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INFORMATION DISCLOSUS
STATEMENT BY AREPOWNT (Use as many sheets as necessary)

PTC/SS-28/(39-03)
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| Complete if Known | 10/789,852 **Application Number** February 26, 2004 Filing Date **First Named Inventor** Nemir, David **Group Art Unit** 2821 **Examiner Name** Unknown

Attorney Docket No: 70004-9601-CIP

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EXAMINER

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